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Annli	ication Da	ata Sk	100t 37	CEB	1 76	Attorne	y Doo	ket Nu	umber	22409	-00370-US	
Appii	ication De	ila Si	icel 37	CI IX	1.70	Applica	ation N	lumbe	r			
Title of	f Invention	HEAI	RING SYS	STEM F	PROSTI	HESES						
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<u>Appli</u>	cant Info	orma	tion:									
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Applic	ant Author	ity ⊙∣	Inventor	○Le	gal Rep	oresentativ	e unde	er 35 L	J.S.C. 11	7	Party of Interest under 35 U.S.	C. 118
Prefix					М	iddle Naı	me			Famil	y Name	Suffix
Mr.	Gunther									Van D	er Borght	Gunthe
Resid	lence Inforn	nation	(Select	One)	O US	Residenc	у (No	n US Res	sidency	Active US Military Service	!
City	Artarmon NS	SW			Coun	try Of Re	sider	ıcei				
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Mailin	g Address (of App	olicant:									
Addre	ss 1		c/o Cochl	ear Lin	nited							
Addre	ss 2		IP Depart	tment;	14-16 N	lars Road						
City	Lane C	ove			State/Province							
Posta	Code		2066				Cou	ntryi	AU			
Applic	ant 2										Remove	
	ant Author	ity ⊙∣	Inventor	○Le	gal Rep	oresentativ	e unde	er 35 L	J.S.C. 11	7	Party of Interest under 35 U.S.	C. 118
Prefix					Middle Name				Family Name		Suffix	
Mr.	Jan									Janssen		
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City	City St Ives NSW Country			ountry Of Residencei								
Citizenship under 37 CFR 1.41(b) i				AU			-					
Mailin	g Address o	of App	olicant:									
Addre	Address 1 c/o Cochlear Lin			ear Lin	nited							
Addre	ss 2		IP Depart	ment;	14-16 N	lars Road						
City	Lane C	ove						State	e/Provin	ice		
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All Inventors Must Be Listed - Additional Inventor Information blocks may be

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Application Data Sheet 37 CFR 1.76			Attorney Docket Number		22409-00370-US			
			Application Number					
Title of Invention	HEARII	NG SYSTEM PROSTI	G SYSTEM PROSTHESES					
Name 1		Connolly Bove Lodg	Name 2					
Address 1		1875 Eye Street, NW						
Address 2		Suite 1100						
City		Washington	State/Provi	nce	DC			
Country i US				Postal Code	2	20006		
Phone Number		(202) 331-7111		Fax Numbe	r	(202) 293-6229		
Email Address						Add Email	Remove Email	
Application In		<u> </u>	I DDOOTUEOEO					
Title of the Invent		HEARING SYSTEM	PROSTHESES					
Attorney Docket	Number			Small En	tity Stat	us Claimed 🗌		
Application Type		-	Nonprovisional					
Subject Matter	<i></i>	Utility C. L. Class (5 and)						
Suggested Class			Sub Class (if any)					
Suggested Techn			N/A					
Total Number of I				Suggeste	ed Figur	e for Publication	(if any)	
Publication I								
Request Early	['] Publica	ition (Fee required a	t time of Reque	est 37 CFR 1.2	219)			
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	or the app	lational Stage Dicant to either claim to Providing this informa	enefit under 35	U.S.C. 119(e), 1				

35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.

Prior Application Status

Pending

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Application Da	ta Sha	et 37 CFR 1.76	Attorney Docket Number		22409-00370-US		
Application Da	ila Sile	et 37 CT K 1.70	Application Number				
Title of Invention	HEARING SYSTEM PROSTHESES						
Application Nu	Continuity ⁻	Continuity Type		on Number	Filing Date (YYYY-MM-DD)		
	a 371 of internationa	371 of international		803	2004-12-22		
Additional Domestic Benefit/National Stage Data may be generated within this form by selecting the Add button.							
Foreign Priority Information:							

Foreign Priority Information:

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).						
		Re	move			
Application Number	Country i	Parent Filing Date (YYYY-MM-DD)	Priority Claimed			
2003907101	AU	2003-12-22	○ Yes ○ No			
Additional Foreign Priority Data may be generated within this form by selecting the Add button.						

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Assignee 1				Remove			
If the Assignee is an O	rganization check here.	X					
Organization Name	Cochlear Limited						
Mailing Address Information:							
Address 1	14-16 Mars Road	14-16 Mars Road					
Address 2							
City	Lane Cove	s	tate/Province				
Country i AU	•	Р	ostal Code	2066			
Phone Number		F	ax Number				
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Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.						
Signature	/Michael G. Verga/		Date (YYYY-MM-DD)	2008-08-29		
First Name	Michael	Last Name	Verga	Registration Number	39410	

PTO/SB/14 (07-07) Approved for use through 06/30/2010. OMB 0651-0032

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Application Da	nta Sheet 37 CFR 1.76	Attorney Docket Number	22409-00370-US
Application Da	ita Sileet 37 Cl K 1.70	Application Number	
Title of Invention	HEARING SYSTEM PROSTH	IESES	

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